

UNITED STATES BANKRUPTCY COURT

DISTRICT OF DELAWARE

In re: Hospitality Investors Trust Operating
Partnership, L.P.

Debtor(s)

§
§
§
§

Case No. 21-10830

Lead Case No. 21-10831

☒ Jointly Administered

Post-confirmation Report

Chapter 11

Quarter Ending Date: 07/01/2021

Petition Date: 05/19/2021

Plan Confirmed Date: 06/23/2021

Plan Effective Date: 06/30/2021

This Post-confirmation Report relates to: ☒ Reorganized Debtor

☐ Other Authorized Party or Entity:

Name of Authorized Party or Entity

/s/ R. Stephen McNeill

Signature of Responsible Party

10/12/2021

Date

R. Stephen McNeill

Printed Name of Responsible Party

Potter Anderson & Corroon LLP
1313 N. Market Street, 6th Floor
Wilmington, DE 19801

Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

Debtor's Name Hospitality Investors Trust Operating Partnership, L.P.

Case No. 21-10830

Part 1: Summary of Post-confirmation Transfers

	Current Quarter	Total Since Effective Date
a. Total cash disbursements	\$22,268	\$22,268
b. Non-cash securities transferred	\$0	\$0
c. Other non-cash property transferred	\$0	\$0
d. Total transferred (a+b+c)	\$22,268	\$22,268

Part 2: Preconfirmation Professional Fees and Expenses

			Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulative	
a.	Professional fees & expenses (bankruptcy) incurred by or on behalf of the debtor						
	Aggregate Total						
	Itemized Breakdown by Firm						
		Firm Name	Role				
	i						
ii							

b.			Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulative
	Professional fees & expenses (nonbankruptcy) incurred by or on behalf of the debtor <i>Aggregate Total</i>					
	<i>Itemized Breakdown by Firm</i>					
		Firm Name	Role			
	i					
	ii					
c.	All professional fees and expenses (debtor & committees)					

Part 3: Recoveries of the Holders of Claims and Interests under Confirmed Plan

	Total Anticipated Payments Under Plan	Paid Current Quarter	Paid Cumulative	Allowed Claims	% Paid of Allowed Claims
a. Administrative claims	\$3,162,750	\$22,268	\$3,162,750	\$3,162,750	100%
b. Secured claims	\$0	\$0	\$0	\$0	0%
c. Priority claims	\$27,000	\$0	\$27,000	\$27,000	100%
d. General unsecured claims	\$168,015	\$0	\$168,015	\$168,015	100%
e. Equity interests	\$0	\$0	\$0		

Part 4: Questionnaire

- a. Is this a final report? Yes ☒ No ☐
- If yes, give date Final Decree was entered: 07/01/2021
- If no, give date when the application for Final Decree is anticipated: _____
- b. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930? Yes ☒ No ☐

Debtor's Name Hospitality Investors Trust Operating Partnership, L.P.

Case No. 21-10830

Privacy Act Statement

28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing as anticipated under a confirmed plan. Disclosure of this information may be to a bankruptcy trustee when the information is needed to perform the trustee's duties, or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." *See* 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/rules_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case, or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

I declare under penalty of perjury that the foregoing Post-confirmation Report and its attachments, if any, are true and correct and that I have been authorized to sign this report.

/s/ Bruce A. Riggins

Signature of Responsible Party_____
President and Chief Financial Officer_____
Title

Bruce A. Riggins

Printed Name of Responsible Party_____
10/12/2021_____
Date